

# NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG360000

NPDES PERMIT NUMBER ALG360000 IS A GENERAL PERMIT AUTHORIZING DISCHARGES ASSOCIATED WITH ONCE THROUGH COOLING WATER, SUMP DRAINS, OIL WATER SEPARATOR, TREATED SANITARY WASTEWATER, DRILLING SUPERNATE, AND UNCONTAMINATED STORM WATERS ASSOCIATED WITH HYDRO ELECTRIC GENERATING FACILITIES AND WASTEWATER RESULTING FROM MAINTENANCE AND REPAIR ACTIVITIES ASSOCIATED WITH CLEANING, PRESSURE WASHING, BLASTING AND PAINTING OF STRUCTURES OVER WATER

Mail to: Alabama Department of Environmental Management  
Industrial General Permit Section  
Industrial/Municipal Branch  
Water Division  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

## FOR OFFICE USE ONLY

NPDES PERMIT NUMBER \_\_\_\_\_

FACILITY NUMBER \_\_\_\_\_

READ THE ACCOMPANYING INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THIS FORM - ANSWER ALL QUESTIONS IN APPLICABLE SECTIONS. PLEASE MARK THE “**NOT APPLICABLE**” BOX IF A SECTION IS NOT APPLICABLE. INCOMPLETE OR WRONG ANSWERS COULD RESULT IN MORE STRINGENT PERMIT REQUIREMENTS. IF SPACE IS INSUFFICIENT TO ADDRESS ANY ITEM BELOW PLEASE CONTINUE ANSWER ON AN ATTACHED SHEET OF PAPER.

### FACILITY IDENTIFICATION INFORMATION

A. Name of Facility to be shown on Permit: \_\_\_\_\_

B. Mailing Address of Facility: – PO Box or Street Route \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

C. Location (STREET ADDRESS) of Facility: \_\_\_\_\_

City, County: \_\_\_\_\_

D. Latitude and Longitude of Location of Facility (front gate):

Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W

E. Facility Contact Person and Title: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

F. Standard Industrial Code (SIC) (Names and Codes): \_\_\_\_\_

G. Description of industrial activity and land use at the facility: \_\_\_\_\_

H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:

[ ] Discharges of once through cooling waters to include generator cooling water, generator thrust bearing cooling water, turbine guide cooling water, transformer and miscellaneous cooling waters, and filter backwash

[ ] Sumps and drains –including powerhouse sumps and drains, valve pit drains, head cover drains, and gallery sumps and drains.

[ ] Plant and unit oil/water separators

[ ] Treated sanitary wastewater

[ ] Uncontaminated storm water

[ ] Pretreated drilling supernate wastewater.

[ ] Wastewater resulting from maintenance and repair activities associated with cleaning, pressure washing, blasting and painting of structures

[ ] Uncontaminated storm water from bulk petroleum secondary containment areas and/or storm water from fuels handling and refueling areas

I. Please indicate which, if any, of the discharges in H. are combined.

\_\_\_\_\_

J. Has the facility ever been issued an NPDES Permit? Yes ☐ No ☐

Please provide the permit number and facility name at time of permitting.

Permit Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

K. Has the facility been issued an NPDES **INDIVIDUAL** permit?

Yes ☐ No ☐ NPDES Permit No. AL00 \_\_\_\_\_

Do you intend to replace your individual permit with this General Permit? Yes ☐ No ☐

L. Has the facility been issued a State Indirect Discharge (SID) Permit?

Yes ☐ No ☐ SID Permit No. IU \_\_\_\_\_

M. Is this Notice of Intent for (circle one):

1. First time issuance of a **GENERAL** Permit

2. Renewal of **GENERAL** Permit No. ALG \_\_\_\_\_

3. Modification of **GENERAL** Permit No. ALG \_\_\_\_\_

N. Are any of the discharges that you intend to be covered by this permit going to municipal storm sewer?

Yes ☐ No ☐

O. Name of surface water to which the municipal storm sewer discharges: \_\_\_\_\_

P. Have you notified the municipality by letter as required by 40 CFR 122.26(a)(4)? Yes ☐ No ☐

Q.. Is treated or untreated water from tank bottoms or water draws discharged on site? Yes ☐ No ☐. If yes, the facility will need to contact the Industrial/Municipal Branch of ADEM regarding an Individual Permit.

R. Does the facility discharge to a public water supply, Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code R. 335-6-11-.02? Yes ☐ No ☐

S. Is your facility located in a coastal zone (within 10-foot contour of sea level)? Yes ☐ No ☐

T. Are all industrial activities under roof (including storage)? Yes ☐ No ☐

U. Date facility started or will start operations: \_\_\_\_\_

V. What is the size of the site in acres? \_\_\_\_\_

W. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? Yes ☐ No ☐

(A list of the impaired waters can be found at <http://www.adem.state.al.us/programs/water/303d.cnt> for 303(d)listed waters and <http://www.adem.state.al.us/programs/water/wquality/2011ApprovedTMDLs.zip> for waters subject to a TMDL.)

If yes, do your discharges contain pollutants of concern listed for the impaired water(s)? Yes ☐ No ☐

If yes, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial/Municipal Branch of ADEM before proceeding.

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**DSN001 – ONCE THROUGH COOLING WATER TO INCLUDE GENERATOR WATER, GENERATOR THRUST BEARING COOLING WATER, TURBINE GUIDE COOLING WATER, TRANSFORMER AND MISCELLANEOUS COOLING WATERS LIST SOURCE**

**NOT APPLICABLE [ ]**

A. List source, name of receiving stream, and latitude and longitude (to seconds):

1. **DSN001-1** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W
2. **DSN001-2** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W
3. **DSN001-3** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W
4. **DSN001-4** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W
5. **DSN001-5** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W

B. Are there any known impacts on the receiving water as a result of the discharge? Yes [ ] No [ ]  
If yes, to what extent? \_\_\_\_\_

C. Is there a cooling water intake structure (CWIS) associated with this facility? Yes [ ] No [ ]

D. Does the provider of your source water operate a CWIS? Yes [ ] No [ ] If your source water is from a WTP that also supplies drinking water, then the answer is no.

**If the answer to both questions C and D is no, then a Cooling Water Intake Structure Form is not required. If the answer to either or both questions C and D is yes, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached.**

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**DSN002 – SUMPS AND DRAINS – INCLUDING POWERHOUSE SUMPS AND DRAINS, VALVE PIT DRAINS, AND GALLERY SUMPS AND DRAINS**

**NOT APPLICABLE [ ]**

A. List source, name of receiving stream, and latitude and longitude (to seconds):

1. **DSN002-1** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W
2. **DSN002-2** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W

3. **DSN002-3** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
 Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W
4. **DSN002-4** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
 Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W
5. **DSN002-5** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
 Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W

B. Are there any known impacts on the receiving water as a result of the discharge? Yes [ ] No [ ]  
 If yes, to what extent? \_\_\_\_\_

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### **DSN003 – PLANT AND UNIT OIL/WATER SEPARATORS**

**NOT APPLICABLE [ ]**

A. List source, name of receiving stream, and latitude and longitude (to seconds):

1. **DSN003-1** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
 Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W
2. **DSN003-2** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
 Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W
3. **DSN003-3** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
 Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W
4. **DSN003-4** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
 Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W
5. **DSN003-5** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
 Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W

B. Are there any known impacts on the receiving water as a result of the discharge? Yes [ ] No [ ]  
 If yes, to what extent? \_\_\_\_\_

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**DSN004 – SANITARY WASTEWATER**

**NOT APPLICABLE** [    ]

A. List source, name of receiving stream, and latitude and longitude (to seconds):

1. **DSN004-1**    Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude    (     ) ° (     ) ' (     ) " N      Longitude (     ) ° (     ) ' (     ) " W
2. **DSN004-2**    Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude    (     ) ° (     ) ' (     ) " N      Longitude (     ) ° (     ) ' (     ) " W
3. **DSN004-3**    Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude    (     ) ° (     ) ' (     ) " N      Longitude (     ) ° (     ) ' (     ) " W
4. **DSN004-4**    Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude    (     ) ° (     ) ' (     ) " N      Longitude (     ) ° (     ) ' (     ) " W
5. **DSN004-5**    Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude    (     ) ° (     ) ' (     ) " N      Longitude (     ) ° (     ) ' (     ) " W

B. Are there any known impacts on the receiving water as a result of the discharge? Yes [    ] No [    ]  
If yes, to what extent? \_\_\_\_\_

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**DSN005 – UNCONTAMINATED STORM WATER**

**NOT APPLICABLE** [    ]

A. List source, name of receiving stream, and latitude and longitude (to seconds):

1. **DSN005-1**    Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude    (     ) ° (     ) ' (     ) " N      Longitude (     ) ° (     ) ' (     ) " W
2. **DSN005-2**    Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude    (     ) ° (     ) ' (     ) " N      Longitude (     ) ° (     ) ' (     ) " W
3. **DSN005-3**    Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude    (     ) ° (     ) ' (     ) " N      Longitude (     ) ° (     ) ' (     ) " W
4. **DSN005-4**    Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude    (     ) ° (     ) ' (     ) " N      Longitude (     ) ° (     ) ' (     ) " W
5. **DSN005-5**    Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude    (     ) ° (     ) ' (     ) " N      Longitude (     ) ° (     ) ' (     ) " W

B. Are there any known impacts on the receiving water as a result of the discharge? Yes [ ] No [ ]  
If yes, to what extent? \_\_\_\_\_

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**DSN006 – DRILLING SUPERNATE WASTE DISCHARGED TO THE FOREBAY**

**NOT APPLICABLE [ ]**

A. List source, name of receiving stream, and latitude and longitude (to seconds):

1. **DSN006-1** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W
2. **DSN006-2** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W
3. **DSN006-3** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W
4. **DSN006-4** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W
5. **DSN006-5** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W

B. Are there any known impacts on the receiving water as a result of the discharge? Yes [ ] No [ ]  
If yes, to what extent? \_\_\_\_\_

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**DSN007 – WASTEWATER RESULTING FROM MAINTENANCE AND REPAIR ACTIVITIES ASSOCIATED WITH  
CLEANING, PRESSURE WASHING, BLASTING AND PAINTING OF STRUCTURES OVER WATER**

**NOT APPLICABLE [ ]**

A. List source, name of receiving stream, and latitude and longitude (to seconds):

1. **DSN007-1** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W
2. **DSN007-2** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W
3. **DSN007-3** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W
4. **DSN007-4** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W

5. **DSN007-5** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
 Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W

B. Are there any known impacts on the receiving water as a result of the discharge? Yes [ ] No [ ]  
 If yes, to what extent? \_\_\_\_\_

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**DSN008 and DSN009 – STORM WATER FROM PETROLEUM BULK STORAGE AND FUELING AREAS**

**NOT APPLICABLE [ ]**

A. List source, name of receiving stream, and latitude and longitude (to seconds):

1. **DSN009-1** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
 Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W

2. **DSN009-2** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
 Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W

3. **DSN009-3** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
 Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W

4. **DSN009-4** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
 Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W

5. **DSN009-5** Source \_\_\_\_\_ Receiving Stream \_\_\_\_\_  
 Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W

Number

Size

B. List number and size of above ground storage tanks.

List number and size of underground storage tanks.

C. Do all tanks that contain a possible pollutant have secondary containment? Yes [ ] No [ ] N/A [ ]

D. Is the secondary containment capable of containing 110% of the contents of the largest tank in the containment area?  
 Yes [ ] No [ ] N/A [ ]

E. Are the walls and floors of the secondary containment relatively impermeable to the stored substance(s)?  
 Yes [ ] No [ ] N/A [ ]

F. Does your BMP Plan address spill prevention and remediation? Yes [ ] No [ ] N/A [ ]

G. Is uncontaminated storm water discharged from the secondary containment? Yes [ ] No [ ]  
 From which outfalls listed above is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged?

H. Are any trucks or equipment fueled at this facility? Yes [ ] No [ ]

I. Does the facility comply with 40 CFR Part 112? Yes [ ] No [ ]

Date of SPCC Plan if applicable: \_\_\_\_\_

In accordance with 40 CFR Section 112.5 (b), applicable facilities must complete a review and evaluation of the SPCC Plan **at least once every five years**. If the provided date indicates the SPCC Plan is not valid, is the SPCC Plan currently being reviewed by a Professional Registered Engineer. Yes [ ] No [ ]

J. Are there any known impacts on the receiving water as a result of the discharge? Yes [ ] No [ ]  
If yes, to what extent? \_\_\_\_\_

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**GENERAL INFORMATION**

Have you included a check for the application fee? Yes [ ] No [ ]

**DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY**

**CERTIFICATION:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment for knowing violations.

**SIGNATURES**

Responsible Official Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Name and Official Title (type or print): \_\_\_\_\_

NOTE: This Notice of Intent must be signed by the official representative of the facility who is: the owner, the sole proprietor of a sole proprietorship, a general partner for a partnership, or by a ranking elected official or other duly authorized representative for a unit of government or principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

Physical Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

**DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE**

DMR Contact Name and Official title (type or print): \_\_\_\_\_

DMR Contact Address: \_\_\_\_\_

DMR Contact Phone Number: ( ) \_\_\_\_\_

**PLEASE COMPLETE IF NOI IS PREPARED BY A CONSULTANT OR SOMEONE  
OTHER THAN AN EMPLOYEE OF THE FACILITY**

Name of Individual (type or print): \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_



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**Please attach a map showing the location of the facility including major highways and/or landmarks. The map should include the location of the discharge points.**